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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 226272001702

First Inventor Carmel M. LYNCH

Title METHODS FOR TRANSDUCING CELLS IN BLOOD VESSELS USING RECOMBINANT AAV VECTORS

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CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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Date of Deposit: August 23, 2001

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*Tamara Venegas***APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- | | | |
|--|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form, in duplicate (e.g. PTO/SB/17) (2 pages)
<i>(Submit an original, and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) | |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.
<i>See 37 CFR 1.27.</i> | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> | |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages] <u>41</u> []
<i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF) | |
| 4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] <u>1</u> [] | b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper | |
| 5. <input type="checkbox"/> Oath or Declaration [Total Pages] <u>3</u> [] | c. <input type="checkbox"/> Statements verifying identify of above copies | |
| a. <input type="checkbox"/> Newly executed (original or copy) | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i> | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement
<i>(where there is an assignee)</i> | <input type="checkbox"/> Power of Attorney |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
<i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</i> | 11. <input type="checkbox"/> English Translation document (if applicable) | <input type="checkbox"/> Copies of IDS Citations |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages) | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | |
| 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: | 13. <input checked="" type="checkbox"/> Preliminary Amendment (4 pages) | |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>Should be specifically itemized</i> | |
| Prior application information. | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> | |
| Examiner: M. Wilson | 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | |
| Group / Art Unit: 1633 | 17. <input type="checkbox"/> Other _____ | |

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label Correspondence address below

25226

PATENT TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

Name	Morrison and Foerster LLP			
Address	755 Page Mill Road			
City	Palo Alto	State	California	Zip Code
Country	USA	Telephone	650-813-5651	Fax
Name (Print/Type)	Catherine M. Polizzi		Registration No. (Attorney/Agent)	40,130
Signature	<i>Catherine M. Polizzi</i>		Date	August 23, 2001

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FEE TRANSMITTAL FOR FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$355.00)

Complete if Known	
Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Carmel M. LYNCH
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned

Attorney Docket No. 226272001702

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$355
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$355.00)

2. EXTRA CLAIM FEES

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
16	-20** =	0	x	= \$0

Independent Claims	-3** =	Extra Claims	Fee from below	Fee Paid
2	-3** =	0	x	= \$0

Multiple Dependent

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claims, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0)

** or number previously paid, if greater; For reissues, see above.

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Catherine M. Polizzi	Registration No. (Attorney/Agent)	40,130	Telephone	650-813-5651
Signature				Date	August 23 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO "Commissioner for Patents, Washington, DC 20231".

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